

Terry Lange is Communication Link With Rural Doctors and Hospitals

14 June 1984

As the first step in providing better medical referral services, Utah Valley Regional Medical Center is establishing a communications network between itself and rural physicians and hospitals.

Terry Lange, of Heber City, assistant administrator of physician outreach services, says the work is three-fold: first, creating a network of referral physicians; second, inviting rural physicians to the medical center; and finally, visiting outlying hospitals to assess their needs.

According to Lange, only those Utah Valley physicians willing and able to make referral work a priority are put on the referral list. They must also pledge to return care of the patient to the referring physician as soon as possible.

"The patient ultimately gets better care, besides convenience, if the care remains as close to home as possible," says Lange.

With a referral system underway, Lange is now inviting rural physicians to Utah Valley Regional Medical Center to become acquainted with the doctors and the facility. "Many of these doctors simply don't know that we have an extensive oncology department, or a pain treatment center, or many of our other advanced specialties," says Lange.

But most important, rural

physicians are able to meet the specialists face to face. "Patients have asked me to recommend a physician in the Provo area before, and I just didn't know anyone," explains Bill Ferguson, M.D., a family practitioner in Heber, Utah who recently visited Utah Valley with his wife, Kitty Ferguson, M.D., a pediatrician. She adds, "It helps when we know them, but even more when they know us. Oftentimes, other doctors assume you don't know anything because you're in the country, and it's really frustrating then to call for assistance. This helps eliminate

condescending attitudes."

Besides acquainting rural physicians with those at the medical center, Lange travels himself to outlying community hospitals to establish a rapport between Utah Valley's administration and their own. "Again, many of these smaller hospitals don't know exactly what's available here and are still sending their patients all the way to Salt Lake City," explains Lange. "I go and introduce myself and the specialty services we have that they need. Plus they know someone personally they can call in the future."

All rural physicians and hospitals in southern Utah and the Uintah basin now have a toll-free line directly to Utah Valley Regional Medical Center. From there they can be transferred to a physician's office or to Lange for further direction.

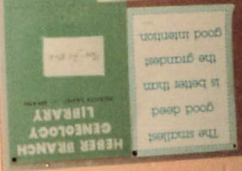
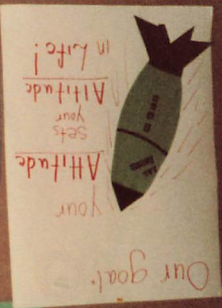
"I've been appointed the communication link," concludes Lange, "and my sole responsibility in all this is to keep communication open and help the rural doctors and hospitals practice the very best medicine they can."

TERRY W. LANGE,

former administrator of Wasatch County Hospital, has accepted the position of assistant administrator at Utah Valley Hospital. He will be responsible for hospital outreach



support programs for physicians and for implementation of the new DRG prospective payment system. In addition to his nine years experience at Wasatch County Hospital, Lange has served as administrator at two rural hospitals in California. He holds a BS from Brigham Young University and a MPH from Loma Linda University.



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"What I want to know is, how come everybody knew it was *me*?"

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State Medical Boards, which disseminates it to every state, to all health-care agencies responsible for third-party reimbursement, the hospitals, the state medical society, and the hospital association. About 15 state boards publish the names of doctors they've disciplined in their own newsletter. Whenever final action is taken, most insert a notice in the public papers.

The boards are obviously trying to do their job. But it's also obvious that a discipline mechanism in any state isn't enough to ensure that doctors who aren't safe aren't in practice. "That," says Kathleen Tanner, director of New York's Office of Professional Conduct, "requires the cooperation of other doctors and hospitals, aggressive peer review, strong credentialing programs, financial support, and enlightened statutes. Together, they may get the disciplinary process working; but the disciplinary boards are only a piece of the pie." ■